DOCUMENT RESUME

ED 344 171 CG 024 164

AUTHOR Ooms, Theodora; Beck, Deborah
TITLE Keeping Troubled Families Together: Promising Programs and Statewide Reform. Meeting Highlights and Background Briefing Report. Report of a Family Impact Seminar (Washington, D.C., June 8, 1990).
INSTITUTION American Association for Marriage and Family Therapy, Washington, DC. Research and Education Foundation.; Family Impact Seminar (FIS), The AAMFT Research and Education Foundation, Washington, DC.
SPONS AGENCY Consortium of Family Organizations.; Edna McConnell Clark Foundation, New York, N.Y.
PUB DATE 90
NOTE 44p.
AVAILABLE FROM Family Impact Semninar, 1100 17th St., N.W., Suite 901, Washington, DC 20036 ($10.00).
PUB TYPE Reports - General (140)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Child Welfare; Community Services; Counseling Effectiveness; *Family Counseling; *Family Problems; Models; Program Effectiveness; Public Policy; State Programs
IDENTIFIERS *Family Preservation Services

ABSTRACT

This report presents highlights of a seminar which focused on solutions emerging at the local and state level to keeping troubled families together. Comments by these panelists are summarized: Elizabeth Cole, a consultant to many family preservation projects; Kristine Nelson, a researcher on the social work faculty of the University of Iowa; Bill Purcell, a legislator in the Tennessee House of Representatives and Chairman of the Select Committee on Children and Youth; and Frank Farrow, a director for children's services at the Center for the Study of Social Policy and former Director of Social Services in Maryland. These topics, discussed at the seminar, are summarized: (1) the goals of family preservation; (2) sources of growing interest in family preservation; (3) negative effects of out-of-home care; (4) influence of the family therapy movement; (5) key characteristics of family preservation services (FPS); (6) three models of family preservation services; (7) definitional and design issues in FPS evaluation; (8) information from evaluations already conducted; (9) mainstreaming FPS; and (10) the future challenges of FPS. A background report which discusses the previously mentioned topics as well as the history of child welfare reform and permanency planning is included. A reference list of 51 items and a list of 11 organizational resources are also included. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED344171

Keeping Troubled Families Together: Promising Programs and Statewide Reform

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☑ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

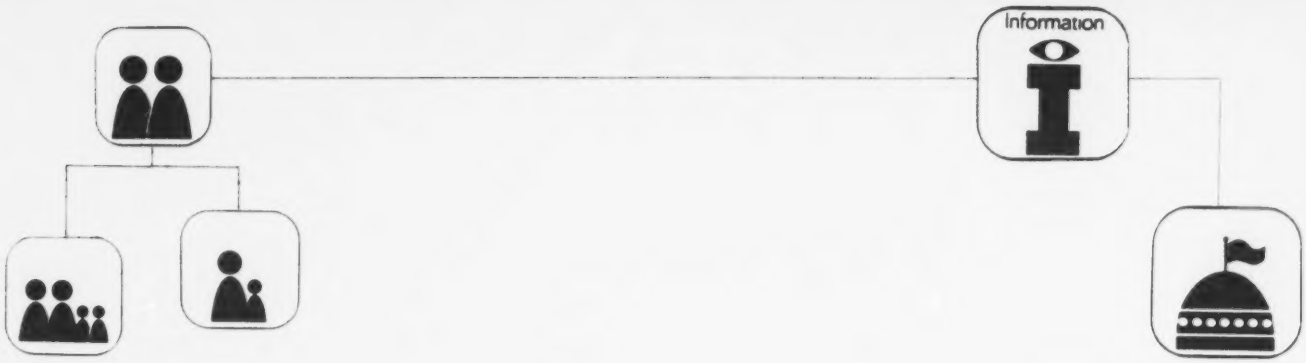
"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Todd Owen

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG024164

BEST COPY AVAILABLE



Keeping Troubled Families Together: Promising Programs and Statewide Reform

June 8, 1990, Cannon House Office Building, Rm. 210

Panelists: **Elizabeth Cole,** ACSW, consultant to the Child Welfare League of America and the Center for the Study of Social Policy
Kristine Nelson, Ph.D., associate professor and director of research at the National Resource Center on Family Based Services, University of Iowa, School of Social Work
Bill Purcell, chairman, Select Committee on Children and Youth, Tennessee House of Representatives.
Frank Farrow, director of Children's Services Policy, Center for the Study of Social Policy

Moderator: **Theodora Ooms,** director, Family Impact Seminar

---

MEETING HIGHLIGHTS.....pages i to ix
BACKGROUND BRIEFING REPORT.....pages 1to 29

Keeping Troubled Families Together: Promising Programs and Statewide Reform

Background Briefing Report
by
Theodora Ooms
Family Impact Seminar
and
Deborah Beck
Center for the Study of Social Policy

This policy seminar is one in a series of monthly seminars for policy staff titled, *Family Centered Social Policy: The Emerging Agenda*, conducted by the **Family Impact Seminar**, American Association for Marriage and Family Therapy, Research and Education Foundation, 1100 Seventeenth Street, N.W., The Tenth Floor, Washington, D.C. 20036, 202/467-5114.

This seminar was co-sponsored by the Consortium of Family Organizations (COFO) and funded by the Edna McConnell Clark Foundation.

COFO Members:
American Association for Marriage and Family Therapy (AAMFT)
American Home Economics Association (AHEA)
Family Resource Coalition (FRC)
Family Service America (FSA)
National Council on Family Relations (NCFR)

Copyright © 1990
The Family Impact Seminar (FIS), The AAMFT Research and Education Foundation, Washington, D.C.
All Rights Reserved.

This Background Briefing Report may be photocopied for education, teaching, and dissemination purposes provided that the proper attribution is prominently displayed on the copies. If more than 50 copies are made, FIS must be notified in writing, prior to duplication, of the number of copies to be made and the purpose of the duplication.

TABLE OF CONTENTS

	Page
MEETING HIGHLIGHTS	i
INTRODUCTION	1
IMPETUS FOR CHILD WELFARE REFORM	1
THE ROOTS OF FAMILY PRESERVATION PROGRAMS	5
FAMILY PRESERVATION: A NEW PHILOSOPHY AND NEW TECHNOLOGY	7
FAMILY PRESERVATION PROGRAM MODELS	9
DOES FAMILY PRESERVATION WORK?	13
STATEWIDE FAMILY PRESERVATION ORIENTED REFORMS	15
THE FEDERAL ROLE IN FAMILY PRESERVATION	21
SELECTED REFERENCES	23
ORGANIZATIONAL RESOURCES	27
TABLE: THREE MODELS OF FAMILY-CENTERED PLACEMENT PREVENTION SERVICES	29

Keeping Troubled Families Together: Promising Programs and Statewide Reforms

Highlights of the seminar meeting held on June 8, 1990, Rm 210 Cannon House Office Building. (A supplement to the Background Briefing Report.)

This seminar, the second in the series on child welfare, focused on solutions emerging at local and state level to some of the serious problems highlighted at the seminar held in January. One of the solutions attracting intense interest and growing support is "family preservation." Theodora Ooms, the moderator, introduced **Elizabeth Cole**, the first panelist to explain what the term means, talk about the origins of this new movement, what some of the forces were that propelled it to our attention, and why people are so excited about it. Cole has extensive expertise in foster care and adoption and is currently a consultant to many family preservation projects.

Family preservation, Cole explained, is a rather fuzzy term that can mean a lot of different things. In her view it refers to a particular type of program that provides intensive crisis services to a family where there is a problem that is so severe that someone with the authority to do so has decided to place a youngster in out-of-home care in the "imminent" future.

Family preservation services (FPS) tend to be located at the portals of out-of-home care and can be used as a last resort effort to prevent placement. Examples of these "portals" are the courts, departments of mental health and developmental disability and child protective services.

Goals of family preservation. The first goal, which Cole pointed out is seldom made explicit, is safety for the youngster and the family. The child may need protection from the family, and at times, the family and/or the community need to be protected from a particular youngster. The second goal is to improve the family's functioning to the point where the youngster does not need to be placed in out-of-home care. Avoidance of unnecessary placement is the most frequently mentioned goal but it can only be reached by improving family functioning. "We have to make sure that the youngster's situation is improved as a result of family preservation," emphasized Cole.

Among the other benefits of family preservation services, also largely unacknowledged, is that it improves out-of-home care, whenever this is the outcome. Cole explained that family preservation provides the out-of-home placement team with more diagnostic information and accordingly they should be able to make a better kind of a placement.

Another benefit of a family's having been served by a family preservation program is that it leads to the greater involvement of a parent in out-of-home care which research has confirmed is a critical factor in the child's adjustment and well being. Parents are more accepting of the placement, remain more involved with their child during placement and this often results in speedier reunification. If they are unwilling or unable to raise their child, the evidence gathered during the intensive intervention usually speeds up the process of adoptive proceedings, thus reducing the problem of foster care "drift."

Sources of the growing interest in FPS: Rising numbers and costs. As you will here from Frank Farrow later, Cole said, family preservation services are the most rapidly growing service in the fields of child welfare and mental health and receive increasing state funding. Why is there so much interest in family preservation? The impetus comes from both outside the field of children's services as well as inside. Outside there is concern over the growth of numbers of children in out-of-home care. For example, in the small state of Nevada they have experienced a 10 percent increase a year over the last three years of the number of children coming into out-of-home care. In New York City in 1988 they had 20,000 children living in out-of-home care. Now in June 1990 there are 45,000 children. Part of this increase is accounted for by official relative placements, but there is no doubt that the increase will continue in New York and many other areas of the country.

This increase causes concern for several reasons. Legislators are concerned about escalating costs. The public and professionals are becoming more aware that while foster care is a necessary, and positive experience for some children, for a significant number it is highly detrimental. A recent study suggested that between 25-30% of these children will move ten or more times while in care. "I don't need to tell you what that does to a youngster!" said Cole.

Negative effects of out-of-home care. In addition, the child welfare system does much too little to help a foster child deal with the mayor emotional difficulties associated with the loss and separation from family,and with the physical, mental and sexual abuse so many of these children have experienced. (We found this out, Cole said, once we started to try to place these children in adoptive homes.)

Another outside influence was the civil rights movement which led many parents to bring suits against agencies for violation of their due process rights.

Influence of the family therapy movement. A major salutary influence has been the family therapy movement. "For years", Cole said, "the child welfare field was involved in a child rescue fantasy---the best way to help troubled children was to remove them from their troubled families. In contrast, family therapy taught us that the best way to help a child is to strengthen its family."

It was leading family therapists, such as Salvador Minuchin and his colleagues, who showed us that poor families did have strengths and could benefit from therapy---families who had been rejected as clients by many traditional agencies because they were "not verbal and lacked the ability to gain insight." Indeed the core philosophy of family preservation that distinguishes it from all prior child welfare services is this belief in empowering families---that families ought to be in control of their own destiny---which, in Cole's view, grew directly out of the family therapy movement.

Key characteristics of family preservation services. There are several different models of FPS---Homebuilders is the best known---and they are located in different program settings (juvenile justice, mental health, child welfare etc.), but they share several features in common.

---Intensive brief therapy, usually 4-6 weeks. Some programs offer continued more supportive and less intensive services for up to 6 months.

---Service accessibility and flexibility: services are delivered in the home, and are available 24 hours a day, 7 days a week when necessary.

---Services are intensive: during the first week or two up to 8-10 hours a day, and from 8-20 hours a week is typical initially.

---Services consider the family as a whole, as an interacting "system."

---Services are varied to meet families' needs, whatever they are and may include "hard" practical services---such as clearing out trash, finding housing, as well as "soft" services such as education and counseling. They emphasize action and changing behavior, rather than developing insight.

Cole concluded with the comment that the family preservation model counters the old style model of "intravenous" social work, linking up the multi-problem family to a social agency for life. But neither should it be regarded as "an immunization, where one little dab will do you for ever." She prefers to think of it as providing "episodic" services to families who may need more help at later times.

Cole concluded that she remains very excited about the promise of family preservation. But it is not a Magic Bullet and does not replace the need for early intervention and other family support services.

Family preservation's astonishingly high success rates in keeping families together have been widely noted and acclaimed. The second panelist, **Kristine Nelson**, is on the social work faculty at the University of Iowa and is director of Research at the National Resource Center on Family Based Services. Ooms asked her, as a "hard nosed researcher" to talk about what success means, how do you measure it and what can we say about the evaluations of family preservation programs done to date?

Nelson first addressed the models of FPS. In addition to the common elements Cole mentioned she highlighted the differences between the three main models of FPS she had identified in her studies of eleven programs which had comparable data. (Summarized in the Table on page 30.)

The Crisis Intervention model developed by Homebuilders, in Washington state, was the most intensive and short term of the three and is oriented the most to behavioral and skill building interventions;

The Home-based Services model, developed in the mid-West, is the longest term (up to 6 months) is less intensive and emphasizes family systems concepts and interventions.

The Family Treatment model, developed in Oregon, stands between the two in length of treatment, but unlike the other models provides some services in the office and concrete services are accessed through a separate case-manager.

Nelson said that there has been two years of intensive discussion in seminars and conferences of researchers in the field attempting to get some agreement about the achievements and limitations of FPS. These discussions covered both issues of definition and measurement and issues of design.

Definitional Issues in FPS Evaluation. It is very hard to get any agreement on how to define, and measure "placement rates." Studies use different sources of data (e.g. agency v. family) and cover different time periods (e.g. within the service period, six months or a year later etc.). Some include living with relatives as a "placement" and some do not.

It is also very difficult to come to any agreement on the central eligibility criterion for FPS, namely that the child must be at "imminent risk" of placement. There are no objective measures here, it is essentially a question of the caseworker's judgement. And apparently some caseworkers are learning to "stretch" the definition in order to get the services they believe families need.

Importantly, there is also discussion about what outcomes are appropriate to measure for FPS. The 'bottom line' issue for policymakers clearly is placement rates. However, as Cole pointed out, we can cut placement by simply not having any places to put children. Most believe that assessing changes in family functioning is a critical component of FPS evaluation. But again this is difficult to measure. There is also the question of 'recidivism'---if a family comes back for help again within say a year, is this evidence of FPS failure or success?

Design issues in FPS Evaluation. There is general agreement in the field that the best way to assess the success of FPS is using an experimental model, with clients in the same situation being randomly assigned to treatment and no treatment groups. In reality this is often almost impossible to achieve, and few of the studies to date have been so designed. Random assignment often encounters strong resistance among the social workers, and it is difficult to maintain contact with the control groups of families. However there are reasonable alternative designs that are more feasible, for example assigning client families to alternative treatment groups.

Additional design issues include deciding upon how long the effects are likely to last and how to measure the number/ type of services received. Nelson added that there are several exciting new studies underway which should provide us with much more, and better quality information---and several of them do use random assignment. (See briefing report p 14.)

Lessons Learned. Nelson believes that given all these complexities, it is unrealistic for FPS evaluations to provide a simple answer to the key questions---How much placement does FPS prevent and how much money do these programs save? It may well turn out that cost neutrality is a more realistic goal than cost savings. That is, the redistribution of funds to family preservation services through savings realized from averting placements may be a more realistic and measurable expectation than realizing cost savings. We should also target FPS efforts more clearly on preventing the most expensive kinds of placements where the cost savings are much more clear.

In addition the findings of several studies are converging to permit us to state that:

---It is harder to keep the family together when they have experienced a prior placement;

---None of the FPS models are as effective with delinquents, older children, or children with behavioral problems as with younger children who have fewer behavioral problems; and

---There is some indication that different models work better with special populations, e.g. family based treatment with sexual abuse, home-based with neglecting families, crisis intervention with physical abuse.

Nelson concluded by saying that family preservation will eventually disappoint the current unrealistically high expectations. It is too limited an intervention to "solve" all the problems facing families today in the absence of other supports and services. On the other hand, FPS services are already fundamentally transforming the thinking in child welfare services which, hopefully, will lead to many benefits for children and families in the future, if sufficient resources are allocated. "As a wise consumer knows, the best value for the money is not always the cheapest."

The third panelist, Representative **Bill Purcell**, was introduced as a legislator in the Tennessee House of Representatives and Chairman of the Select Committee on Children and Youth. (Note: Unfortunately the recording machine did not tape his remarks, so the bare summary that follows is not able to capture the tone of his lively, witty account of Tennessee's experience with implementing family preservation.)

Purcell explained that the impetus in Tennessee for family preservation arose when professionals brought to the attention of the Select Committee in October 1988 the facts about children in out-of-home care. Each year over 5,500 children are placed in state care. These children include the dependent, neglected, unruly, delinquent and emotionally disturbed. They enter state care through the child welfare, child mental health and juvenile justice systems. They cost the state in 1986-87 approximately $93 million dollars. The costs are vastly higher today.

In recent years the number of children in state care has increased substantially. This is most dramatic of all in the case of psychiatric hospitalizations for adolescents which have increased by 35% annually in the past 3 years. In fact Tennessee has the second highest admission rate in the country, twice the national average. And nobody believes, Purcell said, that Tennessee children and adolescents are two times sicker than children in other states. This development appears to be in part a result of the growth of private, for profit mental hospitals---sometimes using advertisements that play on parents fears and helplessness about their adolescents---who take advantage of generous reimbursement available from both private insurance and Medicaid for psychiatric hospitalization.

Based on these findings the department of human services, with cooperation of two other departments (juvenile justice and child mental health) launched an ambitious family preservation program called Tennessee **Home Ties** which Purcell briefly described. In October, 1989, eight family preservation programs, serving about 100 families each year were established. Current expectations are to prevent nearly 80% of the placements of the families referred. The monies saved will be used to expand services to more communities. As of April, 1990, in their start-up phase, the new programs were already achieving an 89% success rate, which means that the savings achieved cover the additional costs of the program (i.e. means it is already proving to be cost neutral).

With the technical assistance provided by the Center for the Study of Social Policy, Tennessee has financed this program creatively using pooled, joint funding from the three departments, using some alcohol and drug block grant monies targeted on diverting children from psychiatric hospitalization, and using some diversion money from the juvenile justice department. Next year, Purcell added, three more programs will be funded by state dollars freed by collecting back claims (from the federal government) in the Title IV-E program. However there are limits to this creativity, and the federal government needs to more effectively redirect, and expand dollars for placement prevention services.

Frank Farrow, the fourth panelist was asked to present an overview of what was happening with FPS in the states. Currently the director for children's services at the Center for the Study of Social Policy, he was previously the Director of Social Services in Maryland. Farrow began by pointing out that family preservation is a newcomer on the children's services scene---most of the conceptualization took place within the past 15 years, the program development within the last ten years. State activity has only really taken off in the last 4-5 years. Some type of statewide family preservation program development is now occurring in about two dozen states.

In the three year period from FY '89-'91, state appropriations for FPS multiplied by 2 1/2 to 3 times. Within a state the process of expansion usually follows three sequential stages: first, a few demonstration programs are mounted: then the state takes on the funding of several replication sites; eventually the state starts to expand FPS services state-wide.

Mainstreaming FPS. Thus the next major challenge states now face is how to move these FPS services into the mainstream, making them a cornerstone of a family service system instead of a discretionary, "add-on" service. This task is both important and tricky. How, Farrow asked, do you assure continued quality, flexibility and intensity---the hallmarks of these programs---when a demonstration model such as FPS becomes institutionalized, administered by less flexible, less comprehensive, bureaucracies?

Future challenges for FPS. FPS challenges many of the basic assumptions of traditional child welfare services, and inherently leads to changing or reforming the rest of the system. Farrow highlighted the four major thrusts for the future as follows:

1. Establishing a "full access" model to make FPS accessible to everybody who can benefit from them. There are no firm estimates of the numbers but informed guestimates suggest that between 25-40% of children presently entering out-of-home care do not "need" to be there. If full access FPS were available, this could have a dramatic positive impact on the placement numbers, as is being shown in data coming from Michigan and Detroit specifically.

2. FPS is making us rethink our notions about what is a viable family. For example, the experience in the Detroit FPS program is that the majority of children of crack abusing mothers can be helped to remain safely in their homes, countering the media stereotype of crack using mothers as having "no maternal feelings."

3. FPS can help to breakdown barriers between specialized and categorical services. Farrow cited examples in Contra Costa County where social services, mental health, juvenile justice and education agencies pooled their funds, worked out a uniform Family Assessment Form; and developed a common family based training program for staff across agencies.

4. FPS requires more flexible financing, which can lead to decategorization of funding. If a state is serious about meeting families needs for service---rather than families fitting in to existing services---it must use dollars flexibly to meet families' needs. This is happening at the local program level with social workers having immediate access to "flexible funds" available for each family (between $200-400) to meet of urgent needs (pay a bill, buy a bed etc). At the state level, several states are freeing up restrictions on foster care dollars, finding ways to redirect dollars tagged for out of home care.

When these four themes are added together, Farrow concluded, it becomes an agenda for substantial system reform, and this is clearly what more and more states are beginning to take on. This is where the real promise of FPS lies.

Points Made During Discussion

- The first question was "Why isn't a recurrence of child maltreatment looked at when evaluating the success of these cases? Why do we measure the success of FPS only in terms of whether or not a child is placed?"

Cole agreed that using prevention of placement as the sole measure of success is too limited. When family preservation was first formulated there was a recognition that it can't entirely "fix" or cure the family in one intervention, she explained. Families could come back at another point in time if they were experiencing a problem with that child or another child. But nowadays often families only get one shot at family preservation services and if they have another problem or crisis, protective service workers social say the therapy didn't work and they move to place the child or children.

Nelson said that the research is ambivalent about whether reoccurrence of treatment is a sign of failure. It is the legislators and the people that count the money who think family preservation should be a one-time only service. In her view coming back for more services shouldn't be viewed as bad because it means the family recognizes that they need help. The problem with using re-abuse as an outcome measure is that it is hard to count and is dependent upon agency records and availability of staff. But, she agreed that re-abuse should be tracked more than it currently is.

- A participant asked what changes are occurring in the training of staff in FPS programs, since the panelists had not mentioned this topic?

Training is absolutely essential, said Nelson. Homebuilders, the National Resource Center, and the Child Welfare League all provide training for family preservation programs. People need to understand the paradigm shift FPS requires and they need to learn the therapeutic and other techniques that enable them to do family preservation. Many workers don't come with these skills to their jobs. They also need "booster shots" to keep their skills up to date: ongoing peer consultations, workshops etc.

- Cole concurred and said that having consulted on twelve family preservation programs over the last four years she has observed that programs have less trouble finding staff willing to work 24 hours on call, with complex families, in dangerous neighborhoods, than finding staff with the appropriate training. In role playing interviews, she noted, social workers were punitive toward the family or would side with the children against the family. Graduate schools need to change their curriculum to teach students how to work with families in these new ways. With all these new FPS programs being funded in states one of the major problems will be finding an adequate number of qualified staff. Finding qualified trainers is also critical because excellent practitioners are not necessarily able to teach, she added.

Nelson mentioned that the National Association of Family Based Services is sponsoring a conference this summer of social work educators to disseminate curriculum information about how to train graduate social workers and undergraduate social workers in these FPS skills.

We are in danger of getting preservation programs into communities without adequate staff behind them, said Farrow. High attention to quality has distinguished the programs thus far. But the quality can not be achieved on a large scale without a commitment to training. The federal role should be to make sure the training infrastructure is there and is of high quality.

"We could use the Federal help, but not in the form of a new set of guidelines or requirements and no new resources," Purcell interjected. In Tennessee, experts from Homebuilders trained workers from several departments simultaneously: the mental health

workers, the human service workers, and corrections staff. It got everyone's attention and gave them the kind of support, encouragement, and direction they needed. "But my concern is how to sustain them now and avoid burn-out and drop out."

- There needs to be more than just training in FPS intervention, a shift in thinking among child welfare workers needs to take place, commented a mental health professional from Chicago. She mentioned the Illinois family preservation law---the only one in the country---which forced the state to offer training to all the child welfare workers in basic family functioning. Five hundred of them were trained in basic family systems and family functioning and it has drastically changed the way they think about their families.

- Another barrier a participant pointed out is that in many states family therapy is not recognized as a profession so you have states who want to hire family therapist to work with these families or to do training, but can't because their system only allows hiring of the so-called well recognized professions like like social work or psychology.

- Is there any state movement toward getting Federal categorical funding to decategorize funds? Purcell answered that there is no doubt that categorical money causes problems for states and localities. In Tennessee, as in some other states, with a good deal of ingenuity (and advice from Farrow's Center) the money has been found to fund these new approaches. But clearly Medicaid and other fiscal barriers (incentives to out-of-home care) need to be changed at the federal level.

- Do you think that services integration is a viable option and if that is the path we take, what role does the federal government play? Farrow replied that service integration, an idea that has been around for a while, can mean many different things. Most of the literature on service integration emphasized putting different services under one roof and organizing them a little differently. The problem with this is that it usually results in a more efficient version of the same old stuff rather than a substantive reform of service delivery and philosophy. "I am more and more convinced that the basic change in the way we think about families is the first step in reform. Service integration is the second step not the first."

- Farrow also agreed that the most important Federal action is removing fiscal incentives toward more restrictive out-of-home placement. Title IV-E has some of that built into it, partly because some of the other community based funding sources, IV-B for example, never grew the way they were intended to. The Federal government needs to allow more flexible use of child welfare dollars.

- Purcell said that he used to think that reorganizing children's services under one commissioner in a Family Division or Department was the answer. But this resulted in a change on paper but people still did things the same way. Reorganization is not enough. Now in Tennessee, any child that comes into the state is the state's child. Instead of saying the child's social worker works for five agencies, five agency workers are brought into the same room and no one leaves until they figure out what to do with that child. It's a forced way of integrating those people. It makes people decide on resources among themselves and it does it in a natural way.

Update on Federal Legislation: The Family Preservation Act of 1990, H. R. 5020 was introduced in June into the House Ways and Means Subcommittee on Human Resources. It now awaits action by the full committee. It incorporates many of the reform ideas mentioned on page 23 of the briefing report. The bill was a bipartisan collaboration between majority and minority members---Reps. Downey (D-N.Y.), Miller (D-CA), Ford (D-TN), Matsui (D-CA), and Andrews (D-TX) and Johnson (R-CT). But while many in Congress support the intent of the bill, it's projected cost of $4.5 billion over four years make its passage into law problematic. The Senate Finance Committee is working on a companion bill to be sponsored by Senator Bentsen (D-TX).

Additional Reference:

McConnell Clark Foundation. *Keeping Families Together: The Case for Family Preservation.* Booklet prepared under the auspices of the Program for Children. 1985. Available from: Office of Communications, Edna McConnell Clark Foundation, 250 Park Avenue, New York, NY 10017.

KEEPING TROUBLED FAMILIES TOGETHER: PROMISING PROGRAMS AND STATEWIDE REFORMS

Background Briefing Report

INTRODUCTION

There is no more drastic intervention in family life than when children are removed from their families and placed in substitute care. This intrusion happens all too often in families who are poor and who have multiple problems coping with life and their responsibilities as parents. Publicly funded systems of care---child welfare, mental health and juvenile justice---have evolved to protect and help the children in these situations. Most of these systems' resources have been dedicated to serving children in out-of-home placements. But in the last decade, reform efforts at local, state and federal levels have focused on keeping troubled families together.

In the mid-seventies, the child welfare system came under intense scrutiny and was found to be failing in its central mission to protect and improve the well-being of children. A series of reforms were initiated at the federal level, as part of the Adoption Assistance and Child Welfare Act of 1980, P.L. 96-272. A central concept guided these reforms, the principle of permanency planning which entailed redirecting resources to help children remain in, or return to, their own homes, or become adopted. Implementation of the new law and the changing characteristics of children in foster care were the subject of the first seminar in this series, The Crisis in Foster Care, held in January, 1990 (see Ooms, 1/90). This seminar describes a parallel and complementary reform at the program level---the family preservation movement---and its increasing use by state governments.

Family preservation is a powerful new service intervention that represents a paradigm shift in children's services from a primary emphasis on **child rescue** to a focus on **services to families**, in order to provide an alternative to out-of-home placement. The several hundred programs across the country that fall under the general category of family preservation are developing and testing a new service technology to implement this radical re-orientation.

This briefing report addresses the following questions: What is the impetus behind the growing proliferation of family preservation programs? What are the goals and methods of family preservation programs? How successful are they? How are the dozen or so states moving to replicate and institutionalize these new approaches to children's services? What is the federal role in these developments?

IMPETUS FOR CHILD WELFARE REFORM

(Sources: Cole and Knitzer; 1990; Hubbell, 1981; Kadushin, 1988, ch. 5; Knitzer and Allen, 1978; National Commission, 1979; Whitaker *et. al.*, 1990)

Historical Background

In the nineteenth century, American social reformers responded to the plight of destitute children who lived in mixed almshouses by setting up specialized institutions for them known as

orphanages. Then, under the leadership of the Reverend Charles Brace, the Children's Aid Society of New York launched a program of boarding children out on farms, creating a system of "free" foster care in exchange for child labor which flourished from mid-century until the 1920s. Sometimes these children literally had no parents, more often their parents were judged by themselves, or others, to be unable to care for them. Many were single mothers who placed their children voluntarily.

In the twentieth century, an extensive child welfare system was established and professionalized and consisted of a network of public and private institutions, group boarding homes, and "volunteer", community based, foster family homes supervised by agencies. These foster family homes began to be promoted by child welfare experts as the preferable form of out-of-home care. The system was sustained by agencies staffed by social workers whose investigations and decisions about families' and children's lives were backed up by juvenile and family courts.

The underlying philosophy of this system gradually evolved from the concept of providing care for dependent children on a permanent basis to providing temporary, substitute care (or, in the case of child mental health and juvenile justice services, treatment or rehabilitation) until the children could be returned to their families. However, in practice, the majority of foster children remained in out-of-home care for many years. In 1933, about 53% of dependent, neglected and emotionally disturbed children officially needing out-of-home care were in institutions, 47% in foster family homes. (In addition, several thousand children were placed informally by their parents in relatives' or non-relatives' homes.)

Beginning in the forties and fifties, in response to a growing criticism of placing infants and young children in institutional care, there was a shift to greater use of foster family care. By 1982, 76% of children were in foster family or group homes, and only 16% in institutions. And although group homes are the fastest growing form of care, in 1982, they provided care to only 7% of children in out-of-home care, most of them adolescents.

Several parallel developments in the seventies led to a growing conviction that the foster care system was grossly inadequate and needed to be reformed. These fueled both the landmark reforms in public policy at the national level and the demonstration programs testing new service methods of keeping families together at the community level. These developments were as follows.

- **Research emphasizing the importance of parental continuity.** New emphases in child development research raised serious questions about the practice of removing children from their "bad" biological families and placing them with "good" foster parents and of the practice of moving many children from placement to placement. From the mid-thirties onwards many psychiatrists and psychologists, such as John Bowlby and Rene Spitz, began to document the negative effects on infants and young children of institutionalization and maternal deprivation (in hospital stays for example). Studies emphasizing the importance of maternal bonding, the destructive effects on children of separation from, and loss of, the maternal figure, and elaboration of a child's sense of time, led to concepts of the "good enough" parent, the "psychological parent" and the importance of continuity and stability in the children's environment (see especially, Goldstein, Freud and Solnit, 1973 and 1979).

- **Mounting criticism of the child welfare system.** Two nationwide reviews of the foster care system, conducted by the Children's Defense Fund (Knitzer and Allen, 1978) and the National Commission on Children in Need of Parents (Persico, 1979) indicted the system for failing to provide children with the permanence they needed. They found that many children in foster care were "adrift and in limbo", remaining in care for many years, often moved from home to home and placed far away from their own families with whom

they had minimal or no contact. Children who remained in care longer than 18 months were seldom ever returned home. While problems in the family (generally associated with poverty and ill health) were the cause of the vast majority of child placements, few if any, services were provided to parents to help them remedy these problems and regain their children.

Studies affirmed that the criteria for removal of children from their homes were very vague and subjective, and varied from caseworker to caseworker, and judge to judge. Minority children were at much greater risk of being placed in out-of-home care. These findings also related to children placed in the mental health and juvenile justice system.

- **Institutional fiscal bias.** These studies also pointed out that the fiscal incentives underlying patterns of federal/ state funding of child welfare and other services were heavily biased in the direction of out-of-home care. For example, federal money was available to reimburse states for placement in foster homes or institutions, but few funds were available to provide services families needed to keep children in their own homes. Further, maintenance payments to foster parents greatly exceeded the levels of AFDC payments to parents.

- **The benefits of foster care are unclear.** Follow-up studies of adults who grew up in foster care, including two recent studies of long term foster care, do not support the conclusion that the foster care experience is damaging for the majority of such children. This finding is testimony both to the resilience of children and the good care provided by most foster parents. However, nor does existing research support the underlying assumption of the child welfare system, namely, that, on average, neglected and abused children are better off in foster care than if they had remained in their own homes: foster care children have about the same levels of emotional dysfunction as children from similar backgrounds who remain at home. However, these findings need to be viewed with some caution.

  There are no carefully controlled studies which compare, for example, the outcomes of two groups of children who suffered maltreatment, one group who remained at home and the other who were placed in foster care. Moreover, children presently in foster care are more troubled than in previous years, so we cannot say with any certainty, based on the earlier body of research, that for some of these children, foster care makes no difference to their well-being. For example, there are no longitudinal studies as yet comparing children who remain living with substance abusing parents, with children from similar backgrounds who are placed in foster care.

  There are very few studies of the large numbers of children who remain in foster care for only short periods of time although a new study, funded by the Children's Bureau and conducted by CSR Inc., is underway to investigate factors leading to short term placements of under 90 days, many of which, in some states, are voluntary placements. There are also very few studies, since the original permanency planning studies, which examine the process and outcomes of efforts at reunification.

- **Negative effects of foster care.** Foster care is clearly a very damaging experience to a small but significant number of children, especially those who are repeatedly moved from home to home, which by one current estimate is between 25-30% of all children in out-of-home care (Fanshel *et.al.*, 1990).

  In a 1985 study of a large cohort of foster children in care in Connecticut for more than two years, one third had experienced three or more placements (Fein et. al., 1990). In a recently completed study of more than 500 adolescents/ young adults who had received

care from the Casey Family Program, Fanshel and his colleagues found that the young people had, on average, experienced 10 major (family) changes in their lives (Fanshel et. al. 1990). The more placements they had the more difficulties they experienced in adult life and between 20-30% had serious difficulties. In addition, a disturbing number of children in foster care are exposed to physical and sexual abuse from foster parents, even in the well supervised, and more expensive foster homes supervised by the Casey program.

- **Protecting parents' rights.** While the principal goal of child welfare practice has continued to be the protection of children, there was a distinct shift in the late seventies to become more aware of, and concerned, with protecting the needs and rights of the children's biological, adoptive and foster parents. Little research has focused on the parents involved with the child welfare system. Most studies of the foster care system have relied on case records, or interviews with caseworkers, professionals or child welfare experts.

  A few researchers have interviewed children who have experienced foster care and the foster parents. But very few studies have talked with the biological parents and focused on the effects on biological parents of having their children placed in foster care (see Jenkins and Norman, 1972, 1975; Hubbell, 1981). Advocacy organizations were formed to represent the needs of adoptive and foster parents and have had some influence in shaping policy. There is, as yet, no national organization broadly representing parents of children in out-of-home care, although the organization Victims of Child Abuse and Neglect Laws (VOCAL), has increasingly begun to advocate for their needs and are strong supporters of family preservation programs.

The Principle of Permanency Planning

In response to the phenomenon of foster care drift and these other trends, a new guiding principle, or metaphor, for child welfare services began to be formulated and helped shape two federally funded (by the Children's Bureau) demonstration programs, the Oregon Project begun in 1973 and the Alameda Project in California. These two projects focused on children already in foster care and, through assigning social workers smaller caseloads, provided much more intensive, behaviorally oriented work with families and more aggressive efforts to terminate parental rights.

These projects were remarkably successful. For example in the Oregon Project, 79% of the 509 children (who had been in care for at least one year and were under 12 yrs of age) were moved out of foster family care, either to return home (27%) or be moved into adoptive homes (52%). These findings were very encouraging to those who wanted to reform the foster care system. The 1980 Act instituted fiscal reforms and procedural requirements designed to carry out this new principle of permanency (see Ooms, 1/90).

Permanency planning has been defined as "the systematic process of taking prompt, decisive, goal directed action to maintain children in their own homes or place them permanently with other families," (Maluccio, *et.al.*1986). While the principle originally evolved as a way to move children out of foster care, the philosophy and many of the procedures tested in the demonstration projects began to be applied and adapted in programs designed to prevent initial placement.

THE ROOTS OF FAMILY PRESERVATION PROGRAMS

(Sources: Bryce and Lloyd, 1981; Cole and Knitzer,1990; Dore, 1990; Kadushin, 1988, chp.3; McConnell Clark, 1985)

Home-based programs. The permanency planning movement contributed directly to the development of a new approach to placement prevention which, in 1985, was dubbed by the Edna McConnell Clark Foundation in a seminal booklet, "family preservation," (McConnell Clark Foundation, 1985). However, this new approach also grew from some earlier roots in the emerging home-based, family-centered programs. These home-based programs were originally designed as a systematic method of providing non-traditional, more effective services to multi-problem, poor families. Since many such families were at risk of child placement, home-based services began to be viewed as a logical response to the call for permanency planning and in recent years have become linked with the family preservation movement.

In 1978, the University of Iowa School of Social Work received a Children's Bureau grant to administer the National Clearinghouse on Home-Based Services, which held two conferences for the growing network of these programs. The Center was refunded in 1981, specifically to provide assistance with implementation of the new federal reform, P.L. 96-272 under a new name the National Resource Center on Family Based Services.

Once again the experience of a few demonstration programs in the 50s and 60s fueled the start of a progressive trend. The best known of several of these home-based, family-centered programs was the St. Paul, Minnesota, Family Centered Project in which specially trained caseworkers delivered intensive outreach services to multi-problem families in their own homes and reported a 65% success rate. The fundamental goal was to counteract the problem of "learned helplessness" which was so common in this population and create a less paternalistic, and dependent relationship between the social worker and the family. Several pioneer placement prevention programs were established during the sixties and seventies. An evaluation and five year follow up study of one of these programs reported significant success rates (Jones, 1976).

The major changes in social work implied by the home-based services movement are not widely appreciated. Historically, social work has a long and honorable tradition of making home visits and working in neighborhoods linked with the settlement house movement. But since the thirties, professional social work practice largely abandoned that tradition, becoming much more influenced by the theories and methods of psychodynamic, office-based, "talking" therapies and counseling. Thus, these new home-based programs radically departed from the prevailing methods of casework practice which had proved largely ineffective with many poor families. Many of the distinctive features of these home-based programs have been incorporated into the family preservation approach.

Growth of Family Systems Theory and the Profession of Marriage and Family Therapy

(Sources: Guerin, 1976; Hartman & Laird, 1983; Nichols & Everett, 1986)

An important, but less often noted, factor in the development of family-centered approaches in child welfare was the family therapy movement which began to spread rapidly in the late sixties and seventies. Marriage and family therapy is now established as a distinct mental health discipline with its own training requirements and credentialling procedures. It has its own national association, the American Association for Marriage and Family Therapy, whose membership has grown rapidly from 240 members in 1960 to over 17, 000 in 1990. To date, 21 states license or certify marriage and family therapists, and this profession is recognized by the federal government as one of the five identified "core" mental health professions.

The movement grew out of the independent work of people in many different helping professions ---psychiatrists, psychologists, social workers, marriage counselors, and others---who discovered that individual's problems could best be understood and addressed in the context of their close relationships, particularly their family. Three strands of research and practice were especially influential in the development of the field: problems in marital relationships, research on chronic mental disorders such as schizophrenia and problems in children's behavior and functioning.

Although a number of distinctive family therapy treatment approaches have emerged, such as structural, strategic, intergenerational and behavioral family therapy, the theory that unifies the field and the discipline is systems theory.

General systems theory is a new epistemology, a new way of viewing and understanding the world. Systems theory is usually contrasted with the mechanistic/ reductionist theories that have governed the development of science since the 17th century which search for linear relationships of cause and effect. Systems theory has its origins in new developments in biology and physics that seek to explain the rules and operations governing the dynamic, interactive relationships between living organisms. Systems theory began to trickle into the social sciences in the fifties and sixties. Briefly stated, its essential tenets that underpin family therapy are as follows.

---An individual's needs, behavior and development are largely a product of interaction with the systems of which he or she is a part. The family is the most important of these systems.

---The family system has its own organization, boundaries, rules, procedures, and self-regulating mechanisms. The family interacts with and is affected by larger systems in the social environment.

---A change in one part of the family system will affect, and be reacted to, by other parts of the system.

---Physical or emotional symptoms or problematic behavior are often an expression of underlying problems in the family's functioning as a system.

---Family crises may be precipitated by external forces or by developmental growth or change in an individual family member.

Family therapists work in many different practice settings as clinicians, trainers, consultants and researchers. They are best known for working with the entire family unit, interviewing all members of the family together. However, they often meet with individuals or sub-units of the family. Whomever they work with directly, however, they always keep the family context in mind and aim to work with the individual to improve the functioning of the three generational family system. Family therapists used a wide range of treatment methods and techniques, many of them behavioral. In their training they make frequent use of live supervision (behind one-way mirrors) and videotaped interviews.

The family therapists whose theories and treatment methods had the most influence on child welfare and children's services in general were based in child guidance clinic settings. Under the leadership of its director, Salvador Minuchin, the Philadelphia Child Guidance Clinic (PCGC) became one of the nation's leading centers for providing model outpatient, day treatment, inpatient child and family services designed around a family systems model. The Clinic also became well known for its research and its innovative training programs and workshops for therapists from all around the country. In addition, clinic staff were increasingly involved in providing training and consultation to staff in public and private mental health and child welfare agencies throughout Pennsylvania, New Jersey and in other areas of the country. The clinic's rental library of teaching video-tapes are also widely used by family therapists in other parts of the USA. Graduates of

PCGC training programs and staff moved on to continue to develop the approach in public and private practice settings throughout the country.

The writings of Dr. Minuchin, and others who worked at PCGC for many years---such as Jay Haley, Harry Aponte, Braulio Montalvo---were widely read not only by family therapists but by many others in the mental health, social work and child welfare professions and had a strong influence on the emerging family-centered, home-based services movement. Beginning with Minuchin and his colleague's seminal book, published in 1967, *Families of the Slums,* many of their publications focused especially on the problems of poor and minority families.

PCGC served children and families from the entire Philadelphia metropolitan area, and though the majority were from the inner city and eligible for Medicaid, the others came from every socio-economic level. The children and families served by PCGC came for help with a wide range of problems and difficulties---learning and behavior problems in school, developmental problems, adolescent acting out behavior, and psychosomatic disorders. Many of the children were referred from foster homes, the juvenile courts or other institutions. Because the Clinic was situated in a community mental health setting, all the children were given a psychiatric diagnosis. Clinic staff usually found that the child's problem was, in part, symptomatic of marital and family dysfunction as well as difficulties in parenting.

Meanwhile, family therapists in Oregon and Utah were working with children and adolescents with histories of delinquency and behavior disorders and finding that integrating social learning theory and treatment methods within a family systems approach resulted in powerfully effective interventions. The two decade research program of Gerald Patterson and his colleagues at the Social Learning Institute, Eugene, Oregon clearly demonstrated the effectiveness of parent management training. Related research on behaviorally oriented family therapy with delinquent juveniles and their families, conducted by James Alexander and his colleagues at the University of Utah, Salt Lake City also showed impressive positive results.

Clearly, family systems concepts, and the work and teaching of family therapists, has influenced the development of family preservation services in a number of ways, especially those programs based on the family systems model (see below). Many of the front line workers and therapists in these programs have been exposed to some family therapy training. And, increasingly, family therapists have contracts to provide training, technical assistance and evaluation to state wide FPS or home-based services programs, for example in Pennsylvania, under the auspices of the State Office of Mental Health, (see Dore, 1990), in Akron, Ohio, in North Dakota and in Delaware.

FAMILY PRESERVATION: A NEW PHILOSOPHY AND TECHNOLOGY

(Sources: Barth, 1990; Cole and Duva, 1990; Cole and Knitzer, 1990; Dore, 1990; Frankel, 1988; Kadushin, 1988; Kinney *et.al.*, 1990; Nelson et.al., 1990; Whitaker et.al. 1990)

Definition. A bewildering array of terms is used in the literature to describe programs that fall under the loose umbrella of "family preservation". These terms include: "family-centered, placement prevention," "intensive family services," "intensive family-centered crisis intervention services," etc. Sometimes, family preservation is used interchangeably with the broader more inclusive term of home-based, family-centered services. In this report we use the term *family preservation services* (FPS) more narrowly to refer to time limited intensive interventions offered to families facing the crisis of imminent removal of a child from their home for placement in state funded foster care, paid relative care, group care, psychiatric hospitals or corrections institutions.

The new, but rapidly growing literature on family preservation lists a number of key underlying assumptions, program components and characteristics of family preservation programs. We find it helpful to distinguish between the principles and assumptions of the family preservation *approach*

---which all program models share and which have wide application over the broad continuum of child welfare services and the design components and specific procedures of family preservation *programs* .

Most commonly family preservation services are used to prevent placement of children living with their biological families, however, the approach has begun to be adapted to other comparable crisis situations such as threatened foster home breakdown (to prevent repeated foster care placements) and threatened adoptive home breakdown (to prevent re-entry into foster care).

FPS services are most highly developed and used in the child welfare system, but they are increasingly being emphasized in the children's mental health and juvenile justice systems. Sometimes FPS programs serve children referred from all three systems, sometimes they serve children who have already revolved through more than one of the systems, and some FPS programs receive joint funding from two or more of the systems.

Core Assumptions and Principles of Family Preservation

The following core assumptions and principles are subscribed to generally by family preservation programs and home-based programs, irrespective of their particular theory base and program model. However programs vary somewhat with respect to how closely they carry them out in practice.

---*Assessment and treatment focuses on the whole family unit* including, if indicated, relatives living outside the immediate household. This means reaching out to include the husband/father, or living-together partner, siblings, grandparents etc.

---*The child is seen to be an integral part of a family system.* Changes in the behavior of any one member of the family will alter the interaction patterns and behavior of others in the family.

---*The family is seen to be part of the community and broader ecological context.* The broader context needs to be taken into account in the initial assessment and viewed as a potential resource in the provision of supportive services. For example, the social worker may need to spend time on housing issues, or help the mother search for sources of child care and support in the neighborhood.

---*Services are generally oriented to specific, limited goals* which are defined jointly by the family and the program worker and which can be operationalized in behavioral terms.

---*The client family's home and community (including MacDonalds, schools etc.) are the principal focus of services.* This shift from office to home helps to empower the family, who feel more comfortable and in control on their own turf, and also greatly facilitates the initial assessment of family's needs, strengths and resources.

---*The types of services offered to the families are based on their expressed needs* rather than only those allowed under the regulations emanating from the categorical funding stream for which they have been found to be eligible (e.g. child welfare, mental health and juvenile justice).

---*The range of services is broad and may include practical concrete services, parent education and skills training, referral for other services, family therapy and individual psychological support and counseling.* For example, the worker will not hesitate to help clean the house or stock the refrigerator, or accompany the mother to a medical appointment if that seems to be an important step to take.

---*Services are provided in flexible amounts and times of the day* to accommodate families varying needs. At times services are intensive, at others intermittent. The staff and agency are able to offer service at non-traditional hours and on an emergency basis.

---*Families are treated with respect, and as having some skills and strengths*. The caseworker seeks out, respects and builds on extended family relationships, ethnic and cultural strengths. For example, a problem is often "reframed" to put a positive connotation on the family's efforts to cope with adversity.

---*The role of the therapist social worker is to act as a catalyst and enabler* to help empower parents to regain control over their lives, solve their own problems and strengthen their capacity to care for their children. The therapist's job is not one of investigation, child rescue, or the provision of long term treatment.

---*The line worker/therapists must have small enough caseloads and receive sufficient training and support to provide the services families need.*

FAMILY PRESERVATION PROGRAM MODELS

Although the field of family preservation is new and still evolving, several typologies are emerging and help to clarify some of the differences and commonalities between the different program models.

Theoretical foundations. One such typology discusses the four major theories which FPS draws upon and which appear to distinguish different program models (see Barth, 1990). These are: crisis intervention theory, family systems theory, social learning theory and ecological theory. These theories share many basic concepts, such as those outlined above, but differ in their ideas about the etiology of family placement crises and what is needed to help individuals and family members change. A major theme these theories share, and that distinguishes them from psychodynamic theories, is a belief that developing psychological "insight" has limited utility in helping multi-problem families cope better with their problems and thus they place reliance on more direct methods of changing behavior.

These theories are fairly well articulated, and provide useful frameworks to help guide practitioners in making their assessments and treatment plans. Yet, these theories are not well tested empirically and have little or no predictive power. Moreover, Barth maintains that the differences at the theoretical level become much less apparent at the level of practice where the differences in approaches become somewhat blurred. Differences in the underlying theory seem to result in differences of emphasis and style rather than approach and technique.

For example, Barth observes that therapists in family systems based programs are more likely to be somewhat directive and turn off the television, while those in social learning programs are more accepting of the families' own style and may leave the t.v. on during the interview. More importantly, in family systems oriented programs caseworkers focus on changing dysfunctional patterns of interaction within the family underlying the immediate crisis. By contrast, workers in social learning based programs spend more time teaching specific parenting skills to prevent the abusive behavior and providing concrete services and other programs. In all programs therapists are quite eclectic in their use of specific treatment techniques, although they are not all acquainted with the full range of available techniques. They also differ in terms of how much reliance they place on an understanding of child and family development, with programs based on family system theories being somewhat more attuned to developmental issues.

Barth listed 25 techniques employed in FPS programs and compared ratings of how much reliance was placed on each technique by programs based on family systems theory and social learning theory. He found a high degree of overlap between the techniques rated most highly by both types of programs (Barth, 1990, p. 103).

In the literature on family preservation there is seldom any discussion of the nature of the context in which the placement crisis occurs. Dore (1990) suggests that the service system within which the crisis occurs may determine which FPS model is chosen. For example, child welfare agencies who predominantly refer abuse and neglect cases are more likely to be attracted to the Homebuilders model that focuses on teaching parents how not to abuse their child. Mental health agencies who are more often faced with placement crises precipitated by the acting out behavior of a difficult or emotionally disturbed teenager may find the models based on family systems theory that focus on changing patterns of family interaction fit their needs better. However, others point out that parent training can be very effective in families with disturbed and delinquent adolescents.

Model components and characteristics. The National Resource Center on Family Based Services developed a typology outlining three basic FPS models based on studies of eleven programs operating between 1974-1985. The study compared program characteristics and components along several different dimensions of service (Nelson, *et.al.*, 1990 and see Table on page 30). This typology of family-centered placement prevention services, with a prototype of each model briefly described, is summarized below.

1. Crisis Intervention Model: Homebuilders

This model was originally developed in 1974 by two behavioral psychologists, Jill Kenney and David Haapala. The original program in Tacoma has been operated by the Behavioral Sciences Institute, which has also provided training and technical assistance for many of the replication projects in the state and elsewhere. Homebuilders programs have received substantial funding and technical assistance support from the Edna McConnell Clark Foundation. In the early-eighties, the Foundation decided that the clarity of the Homebuilders' model, its tightly specified program characteristics, and its well-packaged training curriculum, and high rates of success protecting children's safety and keeping families together, made it strategically the best candidate for widespread promotion and replication. Consequently the Foundation has invested considerable resources into supporting these programs and many states efforts to implement the Homebuilders model widely and, as a result it has become the best known of the models nationally. Homebuilders programs are presently operated in over a dozen states and numerous localities.

Homebuilders draws mostly from social learning theory but incorporates many family systems concepts and techniques. The model assumes that the placement crisis provides a "window of opportunity" when parents are most likely to be able to learn and change. They believe that parents abuse their children or families get into trouble, not because of underlying family pathology but because they lack appropriate strategies for coping with problems of daily life.

The principal components of this model are listed below.

- **Eligibility.** Homebuilders programs target families, referred by state workers, in which at least one child is in "imminent danger" of placement and at least one parent wants to avoid placement.

- **Immediate response and accessibility.** Therapists respond to the referral within 72 hours and are available throughout the period of service, 24 hours a day, 7 days a week. Services are always offered in the home or community.

- **Caseload and time-frame.** Therapists serve only two families, intensively, at any one time for a time limited period of from 4-8 weeks. Only one worker is assigned to each family. Therapists may spend as much as 20-30 hours a week with a family, especially during the early stages. Over the course of a year, therapists will serve between 20-24 families.

- **Primary techniques** used include: active listening to defuse and engage clients; teaching families behavior management skills, communication skills and cognitive intervention skills, teaching assertiveness training and anger management and problem solving.

- **Staff training and support.** Social workers are hired as the front line workers and provided with initial intensive training in the Homebuilders' curriculum and ongoing supervision and support. The curriculum includes learning to cope with their own stress, learning how to plan and structure visits and specific interventions, and what to do when a family appears to be "stuck."

2. Home-Based Model: FAMILIES

Home-based programs, originally developed in the mid-West, share many of the same characteristics as the crisis intervention model, but provide services over a longer period. The best known of these programs is FAMILIES, in West Branch, Iowa, which was originally developed under contract with the School of Social Work, University of Iowa, and became one of the original sponsors of the University's Clearinghouse on Home-Based Services. In the FAMILIES program, the model has been especially adapted to the needs and circumstances of families living in rural areas. The program has been replicated widely across Iowa. The early training and technical assistance at the University's National Clearinghouse/Resource Center was conducted by former FAMILIES staff members Marvin Bryce and June Lloyd, whose book on family-based services was one of the early classics in the field (Bryce and Lloyd, 1981).

The FAMILIES model is explicitly based on family systems theory. This theory views the placement crisis as an indicator of underlying problems in family interaction. Indeed the crisis may be the family's way of resolving the intrasystem struggles by extruding the immediate source of the problem through placement of the child and then return to a state of "homeostasis" (Dore, 1990).

Eligibility. Families are referred to the program by juvenile courts and county child welfare agencies in situations where a child is at risk of placement.

Caseload and time-frame. Therapists carry a load of 10-12 families and work with families for between 3-7 months, with the average being 4.5 months. Originally, the families were assigned two therapists but recent funding constraints makes that possible now for only 50% of the cases. Therapists visit families from their own homes.

Techniques. FAMILIES workers draw upon the assessment strategies and treatment techniques of a variety of family therapy approaches including structural and strategic methods. These include the use of "reframing" and "paradox"; genograms to clarify intergenerational patterns of behavior; home work assignments to improve communication skills and restructure alignments in the family. They also use behaviorally oriented interventions such as parent training, and provide, or help access, concrete services such as transportation and child care. Most versions of this model place considerable emphasis on linking the family with resources and supports within the community.

Staff training and support. The majority of therapists have a masters degree in social work. The training in the approach is individualized and eclectic. Every two weeks the staff meet as a team for a half-day of ongoing training and support.

3. Family Treatment Model: Oregon Intensive Family Preservation Services (IFP)

The family treatment model, is explicitly based on family systems theory, and differs from the other two intervention models in placing primary emphasis on the family treatment aspect of the intervention, and less emphasis on the provision of concrete services. Generally it is a somewhat less intensive model with the services provided in the agency offices as well as the families' homes. The best known exemplar is the Oregon Intensive Family Services Program of the State of Oregon's Children's Services Division. This program began in 1980 with the state purchasing services from a number of private providers. IFP currently has contracts with sixteen public and private agencies throughout the state. The National Resource Center on Family Based Services is increasingly drawing upon the IFP model in their nationwide training and technical assistance activities. (See Organizational Resources, page 29.)

Eligibility. Again the key criteria for acceptance into the program is the imminent placement of a child.

Caseload and time frame. The contracts specify an average caseload per therapist of 11 families, maintaining a 90 day service period and achieving a 75% success rate in preventing placement during the treatment period. In approximately half the cases, two therapists are assigned to the family.

Techniques. Again therapists draw upon the full range of family therapy interventions. In addition, in some situations they provide multiple-impact interventions in which between 2-4 therapists will meet with the family together, for a several hour marathon session. Concrete services are accessed, when needed, by a case manager, separate from the work of the primary therapist.

Staff training and support. All IFP staff get an initial 4 days of training in family systems theory and treatment techniques. There are also quarterly regional network meetings which include peer consultation, case discussions etc. In addition, each program has a budget for staff training which they can use as they wish.

Model success rates. All three models were successful in averting child placement in the short run for the large majority of the families they served. In this study of the different models, placement prevention rates (measured at termination of service) were compared (with averages computed for the programs within each model). The family treatment model had the highest average placement prevention rates of 87.3%, the home-based services model rate was 79.6%, and the crisis intervention model was 81.4%.

However, the authors of this study caution against drawing conclusions from this comparison since it is seriously hampered by lack of common measures and definitions and the fact that the populations served were somewhat different. There is some evidence that family treatment programs are best suited for families with adolescents at risk of placement, whereas the home based model, with its longer period of service, provides a more appropriate service to single parents of very young children. It is also important to note that most of these program evaluations did not include a control or comparison group of families at risk of placement who did not receive the intervention which considerably limits the significance of these findings.

Cost data were collected from these three models. The average cost of services for each family was $2,600 in the Homebuilders program, $2,000 in the FAMILIES program, and $1,000 in the IFS Oregon program.

DOES FAMILY PRESERVATION WORK?
(Sources: Dore, 1990; Frankel, 1988; Nelson *et.al.* 1988; Schuerman et. al., 1990; Wells and Biegel, 1990 a & b.; Yuan and Rivest, 1990)

A major explanation for the growing interest in family preservation services, especially by state policymakers, is the early reports of dramatic rates of program success---75%-95% of the families served avoided placement---and, consequently, the considerable cost savings that such outcomes imply. What do these success rates mean? How reliable are the evaluation studies conducted to date? What kinds of evaluations are needed in the future? Do we know what kinds of FPS programs work best for whom?

In the past 3-4 years these questions have been studied and discussed among program administrators and evaluators in several new publications and a number of different forums. A national conference on Intensive Family Preservation Research was held in Cleveland, Ohio, in September 1989 (Wells and Biegel, 1989). The Edna McConnell Clark Foundation, with assistance from noted evaluator Peter Rossi, is assessing the current status of evaluation in the various Homebuilders projects around the country.

There is considerable agreement that the first wave of evaluation studies represent the field in its infancy. Although many of these studies focused on the single outcome of averting placement, taken together this first generation of studies focused on four broad questions: To what extent have the FPS programs prevented placement of children in the families served? What factors distinguish the children and families who are not placed from those who are? How are families functioning at the end of the period of service and how does the cost of FPS compare to the costs of placement?

Although these early evaluations have significant limitations which mean that their findings must be viewed as preliminary, there is some consensus that FPS programs prevent the placement of some of the children served and that these programs are less costly than if they had received placement services. There is also preliminary evidence that children who are older (i.e. adolescents) and who exhibit antisocial behavior or who have had multiple placements are less likely to be helped to remain at home by FPS, although the majority still do so (Wells and Biegel, 1990).

Among the major limitations, which, it needs to be noted are shared by many other children's services evaluations, are the following.

---Few studies employ comparison or control groups so that it is not possible to attribute outcomes to the FPS provided and know whether the child would have been placed if it had received the standard or a different service.
---The reliability of critical measures, particularly those relying on clinical judgement are not addressed.
---Program goals are defined very narrowly and the programs are not well described.
---Data collection procedures are not articulated and problems in the statistical analyses are not taken into account.
---Few measures are used to assess the desired changes in family functioning, e.g. Homebuilders evaluations did not assess the degree to which the parenting and problem solving skills that they taught the parents were, in fact, learned and used.

Current and planned evaluations are much more rigorously designed and attentive to the number of highly complex and challenging measurement issues and questions that were not addressed in the earlier studies. A few of these challenges and problems are outlined briefly below:

Eligibility criteria/definition of target group: The most common criterion for a family's entry into the program is a judgement made by the referring worker that there is "imminent risk" of

child placement. This is a decision that is highly subjective, especially when made by workers who have an interest in getting intensive help for troubled families. Programs are now struggling with how to develop more explicit, standardized criteria for FPS eligibility and assure their consistent application. Further, most programs attempt to exclude families with certain kinds of problems which can limit comparisons between programs. There is considerable debate currently about whether families in which there is serious substance abuse, homelessness, serious mental illness or severe retardation of caretakers should be excluded from FPS programs. Or whether the motivation of a parent to avoid placement is needed for entry.

Definition of placement. Programs have chosen to use different definitions of placement which again affects comparisons of results between programs. For example, some FPS programs (e.g. Homebuilders) do not count placements with relatives as a "placement", since they are regarded as qualitatively different from placement with a stranger. Other programs report placements with relatives separately and distinguish formal relative placements from informal. It is also difficult to know what time span to use to report the placement outcome. Some programs report placement rates at termination, some after only 3 months, others after a year.

Program goals/measures of success. The principle outcome variable used to date to measure success has been averting placement. This assumes that it is always better for the child to remain living with his or her family. However, there are clearly situations when this is not the case and placement is the best outcome for a particular child. The difficulty here is that while a reduction in placements is obviously desirable in the aggregate, for an individual child placement may be the best outcome, if the judgement is made correctly.

FPS programs are also being urged by evaluators to broaden their measures of success and not always view placement as an indicator of program failure. For example, some studies suggest that when FPS children are placed, the placements are shorter and in less restrictive setting. When placements do occur after FPS, the placements may result in being more stable and beneficial to the child and family since, after a period of intensive in-home service all involved presumably understand and support the reason why placement had to occur. And the parent(s) may then be less hostile to the caseworker and foster parents and more cooperative with visiting. And the foster parents may, consequently be less hostile to the parents. This will make it easier for the child to adjust to the placement. Moreover, placements can sometimes provide a very necessary short term respite to a parent who may then, for example, enroll in an inpatient substance abuse treatment program. (As apparently a number of families are doing in Connecticut.)

It is also important for FPS evaluations to use a broader range of instruments to assess appropriate changes in family functioning, especially those that can be directly attributable to the intervention. Clearly, if there are no changes in the family, averting placement should not be regarded, by itself, as a sufficient measure of success. The outcome measures used must be tied to the program goals and to the theory of the etiology of family breakdown.

Experimental design/random assignment. There is general agreement that the preferred way to definitely establish the effectiveness of FPS is to conduct evaluations using an experimental design with random assignment of eligible families to treatment and control or comparison groups. There are some ethical and practical issues involved with random assignment, but especially when families are offered at least a base line of services (rather than no service) several studies to date have shown that these problems can be overcome. A key factor seems to be to spend a good deal of time and effort explaining to those who have to make the assignments the reasons why a control group is needed in order to get their active cooperation.

Cost studies. The early reports of substantial cost savings resulting from FPS programs relied on measures and projections that were questionable. For example, the state of Washington has reported savings of more than $17 million over a period of 12 years through utilization of the

Homebuilders program, and an earlier study reported a savings of $2,507 per child (Yuan, 1990). These findings must be viewed with some skepticism. Recent studies suggest that it may be more realistic to emphasize that FPS services are at least cost neutral. One error that was made in many of the earlier cost studies was to base estimates of cost savings on the assumption that all the children receiving FPS services would have been placed without the services. Without an experimental design it is very difficult to estimate cost savings.

There are numerous complexities involved in calculating direct and indirect costs, cost savings, and conducting cost effectiveness and cost benefit studies in FPS services. However a number of evaluators are beginning to turn their attention to these problems which are of such importance, especially to policymakers. (See Resource Organizations.)

Second generation of FPS evaluations. In the last few years several FPS evaluations have been launched that are much more rigorously designed and include both process evaluations and impact evaluations using an experimental design. Reports will soon be available from studies of Homebuilders model programs in New Jersey and California (see MacDonalds Associates, Resource Organizations).

A very ambitious, large and promising evaluation of the state-wide FPS, Families First, program in Illinois was launched in 1989. It is conducted by Harold Richman and his colleagues at the University of Chicago's, Chapin Hall Center for Children. The design involves a process study describing the implementation of the Families First program across the entire state, involving 60 private agencies (under contract with the state Department of Children and Family Services) and an impact study using an experimental design (random assignment to a control group of families receiving standard services). Services are to be short term (90 days or less), intensive and home based. Beyond these parameters no particular model was prescribed so that the agencies are using a variety of FPS models which considerably complicates the evaluation. The experimental phase of the study began early in 1990.

One of the major differences between the models is their length of service. The National Resource Center on Family-Based Services is conducting an experimental study which will test the effect of length of service on case outcomes and cost effectiveness in four family based treatment programs. Approximately 820 families will be randomly assigned over a 12-month period to 3-month, 6-month or no formal time limit service groups.

The results and refinements emanating from this second generation of studies will move us closer to knowing what kinds of FPS work, in what ways, and for what kinds of families.

STATEWIDE FAMILY PRESERVATION ORIENTED REFORMS

(Sources: Bruner, 1988 and 1989; Center for the Study of Social Policy Working Papers Series, 1986-1989; Maryland Dept. of Human Resources, 1987)

Many states are engaging in a wide variety of children and family service system reforms. The discussion which follows will focus primarily on the experiences of the Center for the Study of Social Policy (CSSP), which provides technical assistance to states implementing family preservation services based on the Homebuilders model. Other states are implementing more diverse models of family preservation, for example in Pennsylvania and Illinois.

At least 15 states are involved in replicating the Homebuilders program model of family preservation. Some states are beginning with a few pilot programs in one part of the state; others have already implemented complex and ambitious programs statewide.

Some states are focusing primarily on family preservation services in the child welfare system. Others extrapolate the service philosophy of family preservation to other agencies within their service system, for example juvenile justice or children's mental health services. Still others have used family preservation as a starting point for broader reforms. In Iowa, for example a small family preservation pilot program gave rise to a comprehensive funding decategorization pilot in two counties. As part of the decategorization project, these counties then proceeded to implement family preservation programs across the counties. (These developments built upon an extensive base of family-centered, home-based services which had already existed in the state for nearly a decade.)

Based on their extensive knowledge of many of these state initiatives, the CSSP has identified some evolving principles that appear to be guiding the current wave of children and family services reform:

1. Services should be family focused, providing support for parents so that they can care for their children at home. Focusing services on families rather than only on an individual child recognizes that a child's needs cannot be addressed without taking the family into account. Moreover, growing up in their own families is in the best interest of the vast majority of children.

2. Services to children and families should be flexibly adapted to families' needs, rather than forcing families to fit into a pre-determined array of categorical services.

3. A range of preventive services should be available to families before a crisis occurs in addition to services which address problems once they have already become severe. In order to more effectively prevent family dysfunction and breakdown, at risk children and families should have access to a wide range of supportive services in their own communities.

4. Children and family services should be rooted in local communities. Promoting family well-being and assuring children's safety must be the concern of all community sectors. Public and private professionals' and parents' voices must be heard in the design and governance of local service systems.

5. Children and families should receive appropriate and effective services regardless of the system to which they are initially referred. All children who need a particular kind of service---for example, psychiatric outpatient treatment---should receive it, whether or not they are a client of the mental health system. Conversely, a child should not receive inappropriate services as a result of the particular system they happened to land in.

6. States should invest in the staff who implement the reforms. States' investment in children and family services reform means not only allocation of sufficient service dollars, but a commitment to invest in obtaining trained and qualified staff. In order to maintain staff stability and competence, resources must be available for adequate recruitment, training, compensation, and development of family services staff.

7. Mechanisms which ensure the accountability of the service system implementing the reforms must be incorporated into the design. Methods of monitoring services include performance-based contracting and process and impact evaluations, ideally conducted by an independent contractor.

Origins and Dynamics of Reform

Reforms can be initiated and take place under different auspices, at different governmental levels and branches of government. Sometimes change is initiated from the top down, at other times it

bubbles up from the local level. In a number of states implementing family preservation services, impetus for change has come from the state child welfare agency. In a few states, the initiative has come from the children's mental health system. Michigan's family preservation program, Families First, had its roots in a 1985 Department of Social Services work group. DSS and the Office of Children and Youth Services (OCYS) have been the driving force behind Michigan's large scale implementation of family preservation services. Agency staff work continually to maintain the support of legislators, other agencies, and line workers.

In Pennsylvania, a state wide home-based services program was mounted and funded through the state Office for Mental Health, and was followed by a Homebuilders' type of family preservation program funded under the aegis of the state child welfare agency.

Legislative base. Sometimes the move towards family preservation services has been led by state legislators, who can help provide a statutory basis for new services. And often the reforms are given a foundation in state law. By 1990, in at least eleven states family preservation reforms were started by, or reflected in, implementing legislation (Smith, 1990).

Legislators in Iowa provided the initial impetus and continued leadership on family services reform. Not only did the authorizing legislation for their family preservation project specify many of the service characteristics such as duration of service and target population, but the legislative fiscal bureau was given a prominent evaluation and monitoring role in the project. Senator Charles Bruner in particular has been a strong and effective advocate for Iowa's various family services reform projects, including family development grants for women at risk of long-term welfare dependency, family preservation services, and decategorization. In Tennessee, Senator Riley Darnell and Representative William Purcell, successive chairs of the joint Committee on Children and Youth, have been equally strong advocates for family preservation services in their state.

Interagency coordination and collaboration. In those states which seek to establish interagency and intragovernmental collaboration necessary to mount a family preservation effort, private sector organizations can have a key role. Citizens for Missouri's Children, an advocacy organization, has been prominent in the development of Missouri's family preservation program, producing two excellent data analyses and collaborating with state agencies on program development . In Colorado, two private foundations, the Colorado Trust and the Clayton Trust, have taken the lead in promoting the development of family preservation in that state and serving as mediators between state and county agencies. They are working with state officials and advocates to develop a statewide strategy, a difficult task in a state with an unusually strong county-based system of social service delivery. Of course, for any major reform initiative to succeed over the long term, all of these groups must be involved and committed to it. In addition to executive, legislative, advocacy and line staff participation, the judicial system must understand and accept any program which affects its dealings with families.

The auspice under which a reform effort begins affects the subsequent strategy used to institutionalize it. When the initiative begins at the program level the job will be to convince state administrators and legislators of the merits of a new program. This has been the case in Contra Costa County, California. Contra Costa began a "cross agency" family preservation program in 1988. In addition to pooling funds from the county Departments of Social Services, Mental Health and Probation,with a grant from the Edna McConnell Clark Foundation, the three departments cooperate extensively on many aspects of service delivery. State legislation aimed at institutionalizing a funding strategy for this project was introduced last year, and efforts are continuing to pass such language.

On the other hand, a state which begins its reform initiative from the top with a strong statutory base, such as Iowa, will need to concentrate on making sure that agency, line staff, and local communities fully understand and support the new program.

The pace of implementation varies widely from state to state. New Jersey implemented pilot family preservation programs in four counties in 1987 and has gradually increased coverage to nine counties. Phased increases in the number of FPS projects in Tennessee are scheduled which will add three projects to an original eight in July, 1990. Michigan chose a different, more ambitious, approach. Twenty two projects were started simultaneously in 1988, and plans are underway to double staff capacity in Wayne County (which includes Detroit) from thirty-five to seventy this year. New Mexico has appropriated over $2 million to implement a family preservation program statewide.

Moreover, implementation of programmatic family services reform often leads to policy reforms. Iowa's family preservation program began operation in 1987. According to Senator Charles Bruner, the subsequently developed decategorization policies "represented a logical extension" to the idea that underlies family preservation using dollars more effectively by funding services which could substitute for higher cost services.

Financing Reforms

Various combinations of federal, state, local, and private funds have been used to finance family preservation oriented reforms.

Most states have used state general revenues as their primary funding source, despite the grim financial situation most states currently face. In New Jersey and New York state, state "preventive service" funds were used to create family preservation services. By contrast, Iowa reappropriated a portion of its foster care budget to family preservation services, thus financing the project out of its own projected savings in averted foster care placements. Michigan's Families First program has a line item in the child welfare services budget, which is financed in part by new state funds and in part from previously allocated out-of-home placement funds to finance a placement prevention service. California legislation allows counties to redirect funds in this way, using up to ten percent of a county's out-of-home care placement budget.

Private foundations play an important and varied role in funding children's services reform. Contra Costa County has funded family preservation programs through a combination of county and private foundation funding. The project, which accepts referrals from the child welfare, mental health, and juvenile justice populations, is financed from contributions from each of these three agencies as well as a grant from the Edna McConnell Clark Foundation. The Clark Foundation makes grants to a number of other states and localities for different aspects of their reform efforts. They are providing support for family preservation coordinators in Tennessee and Missouri, data analysis in California, and training in Kentucky, to name a few of their grants. With a different focus, the Annie E. Casey Foundation has given a five-year, multi-million dollar grants to Maryland, Connecticut, and North Dakota to develop improved children's service systems which emphasize family preservation and family support and provide more comprehensive and more responsive help to children and families.

Federal funding can also assist in financing family preservation services, under certain circumstances. Certain portions of family preservation services costs can be claimed under Title IV-E of the Social Security Act, if the state's cost allocation plan adequately separates the therapeutic costs of this service from broader "case management" costs. The Medicaid program (Title XIX of the Social Security Act) reimburses partial costs of this service in some states, as in Kentucky where the family preservation services provided by a mental health center are financed as part of the state's "rehabilitation services" option under Medicaid. However, state dollars remain by far the bulk of funding for family preservation services at this point.

Decategorization and Flexibility of Funding

In order to make services more responsive to families' needs, several states have tried to reduce the categorical nature of current service funding. The goal is to remove fiscal barriers which often get in the way of meeting families' needs.

One strategy for achieving more flexible funding is for several agencies to "pool" funds. Tennessee's Home Ties project is funded by contributions from the Departments of Human Services and Mental Health. The financial stake which each department has in the program helps guarantee that each will have easy access to services for its clients. This funding also ensures that clients from either agency receive service promptly. As noted, family preservation in Contra Costa County is funded by a similar pool of funds contributed by Probation, Mental Health, and Social Services.

Iowa's decategorization pilot is an even more ambitious change in funding procedures: categorical funding streams for day care, foster care, residential care, adoption, and a host of other child and family serving programs have been combined into one large "pot" of money. Representatives from each program or agency which contributes funds, as well as members of other interested groups such as the courts, participate on local committees which decide how to allocate the new "decategorized" budget.

Flexible dollars. Many family preservation programs make available a small sum of money, usually about $300-500, per family, to meet concrete needs of families which are contributing to the risk of an out-of-home placement. These funds, called "flex dollars", are often used to help the family move to new or better housing. A family living in rural east Tennessee who had no running water had a well built for them. The availability of this money contributes significantly to the flexibility and responsiveness of family preservation services.

Service coordination. In addition to financing changes, states are launching other efforts to better coordinate services and reduce the fragmentation experienced by families. Case management, which is an essential tool in comprehensive service coordination at the service delivery level, plays a key role in Iowa's decategorization pilot and also in the Casey Child Welfare Reform Initiatives in Connecticut, North Dakota, and Maryland. Case managers are generalist staff who have access to and/or authority over a wide variety of services which families need. Working with families, they design an individual service plan which meets the family's needs. Because the workers are not specialists and have access to a range of services, services can be flexible and responsive to individual families.

Other changes of service technology and training are leading to better coordinated services. Tennessee's family preservation programs use common intake and referral systems for clients from human services and mental health, and to a lesser extent juvenile justice. Contra Costa County uses an Interagency Referral Committee to coordinate referrals from probation, mental health, social services and special education. Michigan trains all child welfare and child protective service workers in common family preservation values and skills. Delaware has trained all its children's services office and field staff in a family systems orientation to services. Other states, such as New Jersey, are developing curricula for common training programs.

Workers are delivering services in new ways. Family preservation services offer families a mixture of "hard" services, such as transportation, home improvements and help moving or getting a telephone installed, and "soft", or counseling, services. One exasperated woman told a family preservation therapist that she didn't want another social worker, she wanted help cleaning her kitchen. The therapist promptly helped her wash dishes and clean her oven and only afterwards discussed issues of parenting and home management. In addition, services available twenty-four

hours per day in the family's home can respond more quickly and appropriately to a family's needs than more traditional services.

System Barriers to Reform

Despite these encouraging developments, barriers to system reform remain. Financial disincentives on the federal, state, and local levels abound. For example, federal funds from Title IV-E and Medicaid will pay for many out-of-home placements or services delivered out of a child's home. In contrast, under most circumstances it is much more difficult to arrange for these funding streams to reimburse states for expenses incurred trying to prevent such placements or delivering identical services in the child's home.

Conflicts between state and county funding patterns also exist. In many states, the counties must pay for preventive services, but the state will pay all or part of the cost of an out-of-home placement. If the counties are making decisions about whether to place children, the promise of state payment is a powerful incentive to place the child.

Moreover, cross agency cooperative efforts must struggle with "turf wars" among professionals who are afraid of losing their identity as an agency or even their jobs as a result of cross system collaboration, pooling of funds and so forth. Often, mental health and social service agencies have different reporting and data collection requirements, eligibility rules, and administrative procedures which, while not based on statute or regulation, nevertheless form a significant stumbling block for cooperation. For example, a mental health provider may require that all clients have a DSM-III (psychiatric) diagnosis to receive services, but the social service agency refuses to attach such diagnoses to its clients solely to obtain services provided by the mental health agency.

Many states are making significant efforts to implement these new reforms. Service innovations---varying from new service development to testing of more comprehensive delivery systems---are underway in California, Colorado, Connecticut, Delaware, Florida, Illinois, Kentucky, Maryland, Michigan, Minnesota, Missouri, Iowa, New Jersey, New Mexico, New York, North Dakota, Pennsylvania, Tennessee, Texas and Washington. A brief profile of reform efforts in Iowa and Tennessee are provided below.

Family Preservation In Iowa

In 1987, the Iowa State Legislature passed a bill requiring the establishment of family preservation pilot projects in three of the state's eight service districts. As in many states, legislators were concerned about the ever-increasing number of children in out-of-home care and the increasing amount of money needed to pay for these placements. A highly-publicized foster care case which appeared on *60 Minutes* increased this concern. Information and technical assistance from the National Conference of State Legislatures and CSSP channeled this interest towards family preservation programs.

In addition to providing an initial appropriation of $680,000, the legislation mandated aspects of program design, provided for significant legislative oversight, and called for multi-year evaluation, which is being conducted by Iowa State University. The appropriation for family preservation services for FY' 1991 is over $3 million, with services available in seven districts. The existence of a long tradition of excellent family-based services in Iowa went a long way toward gaining the political support needed to pass this legislation. Support for the proposal from both the service provider community and the state Department of Human Services, and the belief of legislators that the service characteristics and cost effectiveness of family preservation made it a viable addition to the continuum of family-based services were also important factors.

Unique features of Iowa's reform effort include the use of public employees as FPS service providers in two districts (instead of contracting out to private sector agencies), the development of a performance-based contracting system in some areas, and most important, the decategorization pilots. Legislation authorizing the creation of pilot projects in two counties was passed in 1987. By 1989, Scott and Polk Counties had been selected as the pilot counties and were forming planning committees to begin the effort. Service delivery has begun under the new initiative and two new counties, Dubuque and Pottawattamie, will be authorized to implement the decategorization pilots this year. These projects enable much more individually responsive and appropriate services to be delivered to families in Scott and Polk Counties. Families can avoid out-of-home placements and get the ongoing services they need.

Tennessee's Family Preservation Reform

Interest in family preservation in Tennessee stemmed from the concern of state officials about the high rate of out-of-home placements, in general, and the astronomical rate of residential mental health placements for youth under twenty-one in particular. NCSL made information on family preservation services available to the Tennessee general Assembly"s Select Joint Committee on Children and Youth. Legislators on the committee put the information to good use: Senate Joint Resolution 78, which lays out guidelines for the family preservation project in Tennessee, became law last year.

Tennessee's eight family preservation pilot programs began operation in October, 1989. Services are funded jointly by the Departments of Human Services, Mental Health, and Youth Development. In addition, DHS and DMH put out a joint Request for Proposals. A new RFP has just been released for three new projects which are scheduled to become operational sometime this summer. Funding for these new programs will come from back claims for payment for services rendered under the Title IV-E program.

Tennessee's family preservation program has unusually strong and effective legislative leadership. In addition, state officials are exploring ways to reduce the state's heavy reliance on Medicaid-funded residential mental health placements. The University of Tennessee's College of Social Work is conducting an evaluation of the FPS project. Tennessee's most remarkable achievement has been the high degree of cross-agency cooperation achieved in the programs, encompassing the bidding and funding processes, referral and client access to the services.

Family preservation will continue to be a central part of the children and family service system reform over the next few years. Whether or not it becomes institutionalized as part of the service continuum will depend on whether or not it fulfills its promise of averted placements at lower cost.

THE FEDERAL ROLE IN FAMILY PRESERVATION.

The federal government clearly played a vital role in promoting the development and utilization of family preservation services, initially through the demonstration programs and research funded by the Children's Bureau and NIMH and later, with the 1980 reform law, P.L. 96-272. This was especially true with the law's requirement that prior to placing a child in foster care, an agency must make "reasonable efforts" to maintain the child in the home.

As our January seminar confirmed, however, for a variety of reasons the intent to provide increased funding for family-based, preventive services was only minimally realized. Thus, in response to the growing interest in, and support of, family preservation at the local and state level, questions are being posed about what the federal government could do now to more fully realize

the goals of the 1980 reform and provide increased support for family-centered preventive services. A coalition of advocacy groups, coordinated by the Child Welfare League and Children's Defense Fund has been developing a package of children's services reform proposals that have a strong emphasis on family preservation (see Organizational Resources).

As we go to press the House Ways and Means committee is developing legislative proposals to reform Title IV-B and Title IV-E foster care and Title XX. The proposals, while not final yet, may include some or all of the following.

- Convert Title IV-B funds from an authorization to a capped entitlement and expand its funding, and control IV-E maintenance costs more effectively.
- Require states to offer pre-placement preventive, reunification, and aftercare services.
- Set aside a certain percentage of IV-B funds for special services/treatment programs for parents and children affected by drugs and alcohol.
- Encourage states to pay more to foster care parents who take care of children with AIDS or children exposed to drug and alcohol abuse and fund respite care for families.
- Speed up court procedures when a child is about to be moved in or out of foster care.
- Mandate restriction on courts placing children out of state.

A research, demonstration and evaluation component is also being considered which would:

- grant waiver authority to states to run experimental demonstration programs such as: family preservation programs; "boarder babies" programs allowing states to terminate parental rights more quickly so the child can be placed in a permanent home, substance abuse services programs, child welfare staff retention programs, foster parent programs; and,
- require evaluations on all the state experimental demonstrations to determine what can be useful to other states.

Coordination with other recent federal legislative initiatives. The families that are served by family preservation services are frequently involved with drugs, many have a handicapped child or child with special health care needs, and the majority receive AFDC welfare assistance. Recent federal initiatives designed to improve assistance for families with these characteristics are: 1) the Education for the Handicapped Amendments Act of 1986, Part H. (P.L. 99-457); 2) the Family Support Act of 1988; and, 3) the 1986 and 1988 set-asides for maternal substance abuse treatment in the ADAMHA Block Grant program. (See the Family Impact Seminar's Background Briefing Reports for March, April and May, 1990, when these different programs were discussed.)

However, there has been very little discussion among state and federal policymakers about how the recent federal initiatives and reforms in these three programmatic areas should relate to, and coordinate with, any proposed child welfare reforms. Nor have there been studies that examine the extent to which these initiatives currently coordinate with services provided by the child welfare system.

SELECTED REFERENCES

Barth, R. P. "Theories Guiding Home-Based Intensive Family Preservation Services" chapter 5 in *Reaching High Risk Families*, edited by Whitaker *et. al., op.cit.* 1990.

Bruner, C. The Decategorization of Child Welfare Services: A Report of Iowa's First Year Efforts. Paper prepared for the Center for the Study of Social Policy. 1988 (See below).

Bruner, C. *Is Change From Above Possible? State-level Strategies for Supporting Street-Level Services.* Paper presented at the Association for Public Policy Analysis and Management , Annual Meeting in Alexandria, VA on November 2-4 1989. Available from: Child and Family Policy Center, 100 Court Avenue, Suite 312, Des Moines, IA 50319.

Bryce. M. and Lloyd, J. eds. *Treating Families in the Home: An Alternative to Placement.* Springfield, ILL: Charles C. Thomas, Pubs. 1981.

Cole, E., Duva, J. *Family Preservation: An Orientation for Administrators and Practitioners.* Washington ,DC: Child Welfare League of America, 1990 (in press).

Dore, M., "Context and Structure of Practice: Implications for Research on Intensive Family Preservation Programs" chapter 6 in *Family Preservation Services* edited by Wells and Biegel, *op.cit.* 1990.

Fanshel, D., Finch, S. J., Grundy, J, F. *Foster Children in Life Course Perspective.* New York: Columbia University Press, 1990 (in press).

Fein, E., Maluccio, A.M., Kluger, M. P. *No More Partings: An Examination of Long-Term Foster Family Care.* Washington, DC: Child Welfare League of America, 1990.

Feldman, L. "Target Population Definition" chapter 2 in *Preserving Families* edited by Yuan and Rivest, *op.cit.* 1990.

Frankel, H. "Family-centered, Home-based Services in Child Protection: A Review of the Research" in *Social Service Review* (March 1988) pp. 137-157.

Goldstein, J., Freud, A., Solnit, A. *Before the Best Interests of the Child.* New York: Free Press, 1979.

Goldstein, J., Freud, A., Solnit, A. *Beyond the Bests Interests of the Child.* New York: Free Press, 1973.

Guerin, P. J., "Family Therapy: The First Twenty-Five Years". Chapter 1. in *Family Therapy: Theory and Practice.* Edited by Philip J. Guerin. New York: Gardner Press Inc., 1976.

Hartman, A., Laird, J. *Family-Centered Social Work Practice.* New York: The Free Press, 1983.

Hawkins, J. D., Catalano, R. F. "Intensive Family Preservation Services: Broadening the Vision for Prevention" chapter 10 in *Reaching High Risk Families*, edited by Whitaker *et.al., op. cit.* 1990.

House Select Committee on Children, Youth and Families. *Preventing Out-of-Home Placement: Programs That Work.* Hearing held on June 9, 1987. U.S. House of Representatives.

Hubbell, R. *Foster Care and Families: Conflicting Values and Policies*. Philadelphia: Temple University Press, 1981.

Jenkins, S., Norman, E. *Beyond Placement: Mothers View Foster Care*. New York: Columbia University Press, 1975.

Jenkins, S., Norman, E. *Filial Deprivation and Foster Care*. New York: Columbia University Press, 1972.

Jones, M.A., *A Second Chance for Families Five Years Later: Follow-Up of a Program to Prevent Foster Care*. Washington, DC: Child Welfare League of America, 1985.

Kadushin, A., Martin, M. *Child Welfare Services*. Fourth Edition New York, N.Y./: Macmillan Pub. Co., 1988.

Kinney, J., Haapala, D., Booth, C. & Levitt, S. "The Homebuilders Model"chapter 3 in *Reaching High Risk Families*, edited by Whitaker, *et. al ., op. cit.* 1990.

Knitzer, J., Allen, M. *Children Without Homes*. Washington DC: Children's Defense Fund, 1978.

Knitzer, J. Cole, E. *Family Preservation Services: The Policy Challenge to State Child Welfare and Mental Health Systems*. A Report of the Changing Services for Children project. New York: Bank Street College of Education, May 1989.

Maluccio, A. M., Fein, E., Olmstead, K.A. *Permanency Planning for Children: Concepts and Methods*. New York: Tavistock Pubs., 1986.

Maluccio, A., Sinanoglu, P.A. eds. *The Challenge of Partnership: Working with Parents of Children in Foster Care*. Washington, DC: Child Welfare League of America, 1981.

Maryland Department of Human Resources. *Intensive Family Services: A Family Preservation Service Delivery Model*. Manual prepared by Services to Families with Children, Social Services Administration, Maryland Department of Human Resources. 1987.

National Commission on Children in Need of Parents, *Who Knows? Who Cares? Forgotten Children in Foster Care*. Washington, DC: Commission Report, 1979

Nelson, D. "Recognizing and Realizing the Potential of 'Family Preservation'," chapter 2 in *Reaching High Risk Families*, edited by Whitaker *et. al. op.cit.* 1990.

Nelson, K. E. "Program Environment and Organization" chapter 3 in *Preserving Families* edited by Yuan and Rivest, *op.cit.* 1990.

Nelson, K., Emlen, A. and colleagues. *An Analysis of Factors Contributing to Success and Failure in Family-Based Child Welfare Services in Eleven Family-Based Services Agencies*. Final Report. Project funded by the Office of Human Development Services , DHHS. Available from the National Resource Center on Family Based Services , School of Social Work, University of Iowa, Iowa City, IA 52242.

Nelson. K. E., Landesman, M. J., Deutelbaum, W. "Three Models of Family-Centered Placement Prevention Services" in *Child Welfare*, vol. LXIX, no. 1, January/February 1990 pp. 3-21.

Nichols, W. E., Everett, C. E. *Systemic Family Therapy : An Integrative Approach*. New York: Guilford Press, 1986.

Ooms, T., *The Crisis in Foster Care: New Directions for the 1990s*. Background briefing report prepared for the seminar held in Washington DC on January 19, 1990. Available from the Family Impact Seminar, AAMFT Foundation, 1100 17th St., NW, 10th Floor, Washington DC 20036.

Purcell, W. Written Testimony. *Federally Funded Child Welfare, Foster Care, and Adoption Assistance Programs*. Hearings held by the Subcommittee on Human Resources, Committee on Ways and Means, U.S. House of Representatives on April? 1990 in Washington DC.

Schuerman, J. R., Rzepnicki, T., Littell, J. "From Chicago to Little Egypt: Lessons from an Evaluation of a Large Scale Child Welfare Family Preservation Program" chapter 9 in *Family Preservation Services* , edited by Wells and Biegel, *op. cit.* 1990.

Smith, S. *State Family Preservation Legislation* (working title). Denver Colorado: National Conference of State Legislatures, 1990, forthcoming.

Wells, K., Biegel , D. E. eds. *Intensive Family Preservation Services: A Research Agenda for the 1990s*. Final Report and Brief Report of the two-day national invitational conference held in Cleveland Ohio on September 25-26, 1989. Available from Kathleen Wells, Ph. D., Director of Research, Bellefaire/Jewish Children's Bureau, 22001 Fairmount Boulevard, Cleveland, OH 44118.

Wells, K., Biegel, D. E. eds. *Family Preservation Services: Research and Evaluation*. Newbury Park, CA: Sage Pubs. 1990 (in press)

Whitaker, J. K., Kinney, J., Tracy, E. M., Booth, C. *Reaching High Risk Families: Intensive Family Preservation in Human Services*. New York: Aldine de Gruyter, 1990

Yuan, Y.T. "Cost Analysis" chapter 6 in *Preserving Families* edited by Yuan & Rivest, *supra*. 1990.

Yuan Y.T., Rivest, M.eds. *Preserving Families: Evaluation Resources for Practitioners and Policymakers*. Newbury Park, CA: Sage Pubs., 1990.

Publications from the Center for the Study of Social Policy (CSSP) 1986-1989

As part of its technical assistance to states' family preservation efforts, the CSSP publishes a series of working papers. The following working papers, drawn upon in this report, are available, at a small charge, from CSSP, 1250 Eye St. N.W., Suite 503, Washington DC 20005. 202/371-1565.

The Use of Medicaid for Support Community-Based Services to Children and Families (FIN-1) 1988.

Claiming Available Federal Funds Under Title IV-E of the Social Security Act (FIN-2) 1988.

Preserving Families in Crisis: Financial and Political Options (FP-1) 1986.

Recognizing and Realizing the Potential of "Family Preservation" (FP-2) 1988.

State Family Preservation Programs: A Description of Six States' Progress in Developing Services to Keep Families Together (FP3) 1988.

Collecting and Analyzing Trend Data from Child Welfare Systems: A Vermont Advocate's Perspective on Key Issues (FP-4) 1988

Family Preservation in Iowa: A Legislator's Perspective on Key Issues (FP-5) 1988

State Innovations to Improve the Child Welfare System: Background Information for Framing the Commission's Reform Agenda. Paper prepared the American Public Welfare Association Commission on Family Preservation and Child Welfare Reform. 1989.

ORGANIZATIONAL RESOURCES.

Organizations listed below are actively funding, or providing technical assistance, evaluation or advocacy for Family Preservation Services. Many of these were described in some detail in the background briefing report, Ooms, T. *The Crisis in Foster Care,* January 19, 1990.

Ad Hoc Working Group of National Organizations Interested in Federal Legislative Reforms in Child Welfare, Mental Health and Juvenile Justice. Contact: Mary Lee Allen, Children's Defense Fund 202/5628-8787 or Linda Greenan, Child Welfare League of America, 202/638-2952.

American Public Welfare Association, National Commission on Child Welfare and Family Preservation. Contact: Betsy Rosenbaum, 202/293-7550.

Behavioral Sciences Institute, Federal Way, WA

Behavioral Sciences Institute, (BSI) is a nonprofit agency that promotes and studies the development of community-based, psychoeducationally oriented services that are optimistic, responsive and provided in a cost-effective and accountable manner. It was founded by the creators of the Homebuilders program, begun in 1974, in Tacoma Washington. Homebuilders is a division of BSI. The Homebuilders program has expanded and includes four sites in the state of Washington and one site in the Bronx, N.Y. BSI directors and staff provide training, consultation and technical assistance to these sites and to other programs across the country based on the Homebuilders model.

Contact: Jill Kenney and David Haapala, BSI. Inc., 34004 9th Avenue S., Suite 8, Federal Way, WA 98003.

Annie E. Casey Foundation, Child Welfare Reform Initiative. Contact: Martin Schwartz/ Douglas Nelson (in the fall) 203/661-2773.

Children's Bureau, Administration for Children, Youth and Families, OHDS/HHS.
Contact: Cecelia Sudia 202/245-0764 and Penelope Maza 202/245-0172.

Child Welfare League of America, Family Preservation Services.

This national membership organization has issued a number of publications on the subject of family-centered services and family preservation including a FPS guide for administrators. It recently completed a new set of FPS standards for agencies, and it works with other national organizations on the development of training for judges, attorneys and social workers on implementation of the "reasonable efforts" provisions of the 1980 Act. CWLA also has a Library/ Information Service that answers information requests and distributes extensive bibliographies to members. Contact: Pamela Day, CWLA, 440 First Street NW, Suite 310, Washington, DC 20001, 202/ 638-2952.

Center for the Study of Social Policy, Family Preservation Services. Contact: Frank Farrow or Deborah Beck, 202/371-1565. (For list of working papers, see references.)

Edna McConnell Clark Foundation, Program for Children. Contact: Peter Forsythe or Courtney O'Malley, 212/986-7050.

National Resource Center on Family-Based Services, School of Social Work, University of Iowa.

Originally established in 1978, the Resource Center's primary goal is the development of high quality family-based services across the United States. Its primary funding source has been the Children's Bureau/DHHS. The Center has provided training in family-based services to front line workers, supervisors, and paraprofessionals in over 30 states; its information service maintains an extensive bibliography and has produced 19 publications and a newsletter, the *Prevention Report;* Center staff conduct evaluative research on child welfare services, including individual program evaluations on a national and regional scale.

Contact: Marcia Allen, Director or Kristine Nelson, Research Director, c/o School of Social Work, University of Iowa, N240 Oakdale Hall, Oakdale, IA 52317.

Victims of Child Abuse Laws, Inc. (VOCAL).

This national advocacy organization is a network of state groups of parents that provide non-profit family advocacy, emotional support and public education. The original members were parents who had been reported to the child protective services and whose reports were unfounded. Their initial focus was to inform parents about child abuse laws and their rights under the system. However, they have increasingly undertaken a broader informational and advocacy role. Many VOCAL groups have been very supportive of family preservation efforts. The organization has a monthly newsletter, *Equal Time,* and quarterly journal *VOCAL Perspective.*

Contact: VOCAL Inc., P.O.Box 17306, Colorado Springs, CO 80935.

Walter R. McDonald & Associates, Inc.

This private sector organization conducts research, evaluation and technical assistance/consulting services dedicated to improve services for children and families through the application of good practice and sound principles to the delivery of services. It has conducted a number of projects related to family preservation. Most recently, for the State of California, Office of Child Abuse Prevention, it has conducted an evaluation of eight FPS demonstration projects established under Assembly Bill 1562.

Contact: Ying-Ying Yuan, Walter R. McDonald & Associates, Inc., 10624 Wayridge Drive, Gaithersburg, MD 20879. 301/869-0098 or 330-2015.

THREE MODELS OF FAMILY CENTERED
PLACEMENT PREVENTION SERVICES

MODEL TYPE	N	AVERAGE AGE OLDEST CHILD	SINGLE PARENT	MINORITY	PRIOR PLACEMENT	MEDIAN CASELOAD	LENGTH OF SERVICE	HOME OR OFFICE	PREVENTION RATE*	THEORY/TX APPROACH	CONCRETE/ SUPPORTIVE SERVICES PROVIDED BY	STAFF TEAMING
CRISIS INTERVENTION e.g. Homebuilders Tacoma, WA	3	13.4	42.3%	20.4%	33.6%	4	1-2 mos	Home	81.4%	Social Learning Theory *Reinforcement *Controls *Parent Training *Self-management	Worker	36.7%
HOME-BASED e.g. FAMILIES West Branch, IA	5	11.6	45.7%	6.0%	26.5%	7	3-7 mos	Home	79.6%	Family Systems Theory *Genograms *Reframing *Paradox *Structural techniques *Communications skills *Parent training	Worker	40.0%
FAMILY TREATMENT e.g. Oregon Children's Services Division Intensive Family Services Program	3	14.0	48.9%	9.7%	39.7%	11	4-5 mos	Office or Home	87.3%	Family Systems Theory *Brief *Structural *Strategic *Communications	Case Manager Outside Unit	19.7%

* At termination. Lack of common measures of risk placement and eligibility criteria make it impossible to draw conclusions about program effectiveness solely on the basis of placement rates.

Chart based on: Nelson, K., Landsman, M.J., and Deutelbaum, W. "Three Models of Family Centered Placement Prevention Services." Child Welfare, Vol. 69, 1990.

Chart prepared by Wendy Deutelbaum, National Resource Center on Family Based Services, Iowa City, Iowa. October, 1989. Updated May, 1990.